

## LICENSE APPLICATION and REAPPLICATION FOR YOUTH CARE FACILITIES

<input type="checkbox"/> <b>New Applicant</b>		<input type="checkbox"/> <b>Renewal Applicant</b>	
Proposed Operation Date: _____ <div style="text-align: right;">M/D/Y</div>		Expiration Date of Current License: _____ <div style="text-align: right;">M/D/Y</div>	
_____ <b>Name of Corporation or Agency</b>		_____ <b>Name of Home/Facility</b>	
_____ <b>Corporation Mailing Address</b>		_____ <b>Residential Address</b> (if different from Corporate address)	
_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip Code</b>	_____ <b>City</b>
_____ <b>or Agency Telephone</b>		_____ <b>Home/Facility Telephone</b>	
_____ <b>Executive Director</b> Director)		_____ <b>Facility Director or Manager</b> (if different from Ex.	

  

Type of Home or Agency to Be Licensed. Please Check Each That Applies:			
	Youth Group Home	No. of Beds:	No. of Bedrooms:
	Therapeutic Youth Group Home	No. of Beds:	No. of Bedrooms:
	Youth Shelter Care	No. of Beds:	No. of Bedrooms:
	Child Care Agency	No. of Beds:	No. of Bedrooms:
	Child Care Agency-RTC	No. of Beds:	No. of Bedrooms:
	Maternity Home	No. of Beds:	No. of Bedrooms:
	Youth Assessment Center	No. of Beds:	No. of Bedrooms:
	Youth Assessment Program	No. of Beds:	No. of Bedrooms:

  

Age Range of youth to be served:
Number of Males [    ]                  Number of Females [    ]
Total number of youth to be served [    ]

**Licensing of Youth Care Facilities is mandatory in accordance with Section 41-3-1141 MCA**

**Please Complete Both Sides of Form....OVER**

**Pursuant to HB 66, the QAD licensure bureau estimates that your application for license or license renewal will be processed within 60 days of the Division's receipt of ALL application materials. PROVIDER: PLEASE CHECK "✓" IF ITEM IS ENCLOSED WITH THIS APPLICATION OR WRITE IN THE DATE WHEN THE ITEM *HAS BEEN OR WILL BE* SENT TO THE DEPARTMENT.**

Date or ✓ New Applicant			Date or ✓ Renewal Applicant		
		Articles of Incorporation, ByLaws or Letter from Sponsoring Board			Major changes to Articles of Incorporation or Bylaws; Organizational Chart; Job Descriptions; Program Description; Program or Personnel policy; Grievance procedures
		Organizational Chart			Current list of Board of Directors including terms of office and addresses
		Current list of Board of Directors including terms of office and addresses			Completed Personal Statement of Health CRL-005 (one for each direct care staff)
		Plan for Orientation/training of Staff			* Certification from Sanitarian
		Grievance procedures staff			* Certification from Fire Marshal
		W-9 Taxpayer Identification form			
		Program Description			
		Program Policy/Procedures			
		Personal Statement of Health CRL-005 (one for each direct care staff)			
		* Certification from Sanitarian			
		* Certification from Fire Marshal			

**\*This is not an Administrative Rule for Youth Care Facilities, however providers are strongly encouraged to obtain these certifications to assure an environmentally safe facility**

I certify that all information I have furnished to the Department of Public Health and Human Services is true and correct.

\_\_\_\_\_  
**Signature Executive Director or other Authorized Official**

\_\_\_\_\_  
**Date**